

INFORMATIONAL LETTER NO. 2107-MC-FFS

DATE: March 11, 2020

TO: Iowa Medicaid Providers

APPLIES TO: Managed Care (MC) and Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Update for HF766 Requirement for a Uniform Prior Authorization (PA) Process

EFFECTIVE: April 1, 2020

House File 766 section 63 requires that the Department adopt rules to require that both MC and FFS payment and delivery systems utilize a uniform process, including, but not limited to, uniform forms, information requirements, and time frames, to request medical PA under the Medicaid program. The rules shall require the managed care organizations (MCOs), by contract, to implement the uniform process by a date determined by the department.

Below are the steps that have been undertaken to implement the rule:

- The Department has determined that pharmacy and dental services are currently outside the scope of this rule.
- A new rule has been submitted for Iowa Administrative Code (IAC) 441-Chapter 73, which outlines requirements of a MC contract with Iowa Medicaid. The rule is scheduled for implementation on July 1, 2020.
 - IAC 441-73.2: The contract shall meet the following minimum requirements. The contract shall:
 - o. Require MCOs and the FFS Medicaid program to utilize a uniform prior authorization process. The process will include forms, information requirements, and time frames.
- Additional IAC rules are in the process of revision to align with current and proposed changes.

- The IME began meeting with the MCOs in August 2019 to facilitate a review of current PA processes.
 - The goal was to identify revisions that would allow for standardization of PA forms, information needed to complete those forms, and time frames.
 - The workgroup is finalizing new forms; one PA form for outpatient services, another PA form for inpatient services, and a supplemental form for additional provider addresses, member diagnosis, and procedure codes.
 - These standardized forms will be used by each MCO and the IME.
 - An additional Informational Letter will be sent notifying providers of the implementation date of the new forms.
- A review of the Code of Federal Regulation (CFR) 42 438.210(d) clarified the timeframes for response from a MC plan to PA requests.
 - “Standard authorization decisions. For standard authorization decisions, provide notice as expeditiously as the enrollee’s condition requires and within State-established timeframes that may not exceed 14 calendar days following receipt of the request for services, with a possible extension of up to 14 additional calendar days...”
 - “Expedited authorization decision. For cases in which a provider indicates, or the MCO, PIHP, or PHAP determines that the following standard time frame could seriously jeopardize the enrollee’s life or health or ability to attain, maintain, or regain maximum function, the MCO, PIHP, or PAHP must make an expedited authorization decision and provide notice as expeditiously as the enrollee’s health condition requires and no later than 72 hours after receipt of the request for service.”
 - Providers are reminded that expedited authorization requests should only be made when the standard authorization decision time frames could jeopardize the member’s life or health.
 - Expedited requests for situations or services outside of what would be necessary to immediately protect life and health will be treated as situations where the standard authorization decision timeframes would apply.
 - The IME has aligned the FFS contractual timeframes for response to requests for PA from the current 10 business days to align with the CFR requirement of 14 calendar days. An IME review of response time frames found a negligible difference in actual response time.
 - Both FFS and MCO timeframes for expedited PA requests remain at 72 hours.
- In conjunction with Veridian Financial Solutions, the contracted CCO Financial Management Services (FMS), all forms and brochures have been reviewed in order to be inclusive of MCOs and current practices. These forms will be updated during 2020.

If you have questions, please contact IME Provider Services Unit at 1-800-338-7909 or by email at imeproviderservices@dhs.state.ia.us.